



# Incident Report

**Print Date/Time:** 08/01/2016 17:13  
**Login ID:** ss0143

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00014699

**Incident Date/Time:** 7/28/2016 11:16:00 AM  
**Location:** MARKET PL / SR 204  
LAKE STEVENS WA 98258  
**Phone Number:**  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:** 2016-00014699

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy
19S15	SS0072-Aukerman

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
2	Reporting Party	WSP					
1	Driver	MARA, EDDIE	504 ALDER PL Granite Falls WA 982528936	(206) 717-1856	Asian-Pacific Islander	Male	07/08/1994
2	Driver	LAYNG, JADENE B	3711 164TH ST Lynnwood WA 98087			Unknown	07/25/1990
3	Driver	EDWARDS, JOHN RICHARD	3807 178TH PL Arlington WA 982238790			Male	07/02/1989

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

07/28/2016 : 11:38:57 SP0194 Narrative: DICKS TOWING ENROUTE FOR THE BOX TRUCK

07/28/2016 : 11:35:52 SP0194 Narrative: SPEEDWAY TOWING ENROUTE FOR THE DODGE NEON

07/28/2016 : 11:20:42 SP0402 Narrative: WSP WANTS LKS TO RESPOND

07/28/2016 : 11:18:17 sp0251 Narrative: LR251

07/28/2016 : 11:18:08 SP0368 Narrative: Narrative added from associated Call #: 161 - BLKING, WSP OS

07/28/2016 : 11:17:47 sp0251 Narrative: 3 VEHS, FEMALE WITH LEG INJ, WSP O/S

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E568014**CASE # **2016-00014699**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS **03**OBJECT  
STRUCKTRIBAL  
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION **07** - **28** - **2016** **1116** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**SR 204**BLOCK NO. ☒**8700**

MILE POST

DISTANCE

**60** **00**

MILES

FEET

N ☐ E ☒ S ☐ W ☐

OF (REFERENCE OR CROSS STREET)

**MARKET PLACE**

UNIT 01

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

LAST NAME

**MARA**

FIRST NAME

**EDDIE**MIDDLE  
INITIALSTREET  
NEW ADDRESS**504 ALDER PL UNIT B**

CITY

**GRANITE FALLS**

ST

**WA**

ZIP

**982528936**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #**MARA\*E\*064MH**

STATE

**WA**

SEX

**M**D.O.B.  
MMDDYYYY**07****08****1994**ON DUTY ☐

STATUS

AIRBAG

**2**

RESTR.

**9**

EJECT

**1**HELMET  
USE**2**INJURY  
CLASS**1**

NATURE OF INJURIES

LICENSE  
PLATE #**B46328Z**

STATE

**WA**

VIN#

**1GBJG31J9X1004386**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

**1999**

MAKE

**CHEV**

MODEL

**3500**

STYLE

VEHICLE TOWED  
YES ☒ NO ☐

TOWED BY

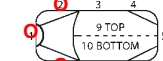
**DICKS TOWING-CIVIL**GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **JORGE FLOREZ 16000 75TH PL W EDMONDS WA 98026**LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY # **UNITED FINANCIAL 01304915-0**VEHICLE  
LEGALLY  
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐PEDESTRIAN ☐PROPERTY  
OWNER ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

LAST NAME

**LAYNG**

FIRST NAME

**JADENE**MIDDLE  
INITIAL**B**STREET  
NEW ADDRESS ☒**1619 WALNUT ST**

CITY

**EVERETT**

ST

**WA**

ZIP

**98201**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #**LAYNGJB103M5**

STATE

**WA**

SEX

**F**D.O.B.  
MMDDYYYY**07****25****1990**ON DUTY ☐

STATUS

AIRBAG

**2**

RESTR.

**9**

EJECT

**1**HELMET  
USE**2**INJURY  
CLASS**7**

NATURE OF INJURIES

**LEG AND HAND SORENESS**LICENSE  
PLATE #**AGJ7056**

STATE

**WA**

VIN#

**1B3ES46CXYD632499**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

**2000**

MAKE

**DODG**

MODEL

**NEO4D**

STYLE

VEHICLE TOWED  
YES ☒ NO ☐

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **JADENE LAYNG 3711 164TH ST SW APT 0256 LYNNWOOD WA 98087**LIABILITY INSURANCE  
IN EFFECT ☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDING YES ☒ NO ☐CITATION # **6Z0731709/6Z0731710**

CHARGE

**DWLSR 3/NO INSURANCE**

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

**W. AUKERMAN**

BADGE OR ID #

**0072**

AGENCY

**WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 4


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E568014**CASE # **2016-00014699**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

**NARRATIVE**

On 07/28/2016 at about 1132 hours I was patrolling westbound on SR 204 approaching Market Place, in the city of Lake Stevens, when I came upon a three vehicle collision with a WSP Trooper on scene. I contacted the Trooper and took over the investigation since the collision occurred in the city of Lake Stevens.

Based on evidence and statements at the scene, Units 2 and 3 were stopped in traffic for a red light on westbound SR 204 when Unit 1 rear ended U2, which sent U2 into the back of U3. All three units sustained reportable damage. Units 1 and 2 were towed from the scene. The female driver of U2 was taken to the hospital by aid car due to possible leg and hand injury.

It should be noted the driver of U1 claimed U2 was backing up when he struck U2. I later spoke to the driver of U2 who denied backing up; there were no other witness to U2 backing. Due to the close proximity of U2 to U3 when U1 rear ended U2 I do not have any evidence to show U2 was backing, or that if U2 was backing that it would have caused the collision.

The driver of U3 stated the traffic light had just turned green and traffic had began moving about 2-5mph when he was struck from behind.

The driver of U2 was found to not have insurance and to have a suspended/revoked driver's license. The driver of U2 was cited for DWLSR 3 and no vehicle insurance.

It should be noted the driver of U3 was driving a company vehicle and was drug tested by his company at the scene of the collision; found to not be under the influence of a drug.

All involved parties were given copies of the exchange of information.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**W. AUKERMAN**
**07-29-16 09:06 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**W. AUKERMAN 0072**
**7/29/2016 9:53:52 AM**

BADGE OR ID #

**0072**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**11:32 AM**

TIME POLICE ARRIVED

**11:32 AM**


**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**

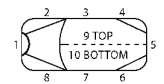

013197

REPORT NO. **E568014**CASE # **2016-00014699****COMMERCIAL MOTOR CARRIER**INTERSTATE ☐ INTRASTATE ☐UNIT #  USDOT  IOC #  VEHICLE TYPE  CARGO BODY TYPE CARRIER NAME CARRIER ADDRESS CITY  ST  ZIP NAME SOURCE  # AXLES  GVWR  PLACARD ☐ +  NAME IF NO NUMBER **ADDITIONAL UNITS**UNIT # **3** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE LAST NAME **EDWARDS** FIRST NAME **JOHN** MIDDLE INITIAL **R**STREET NEW ADDRESS ☐ **3807 178TH PL NE**CITY **ARLINGTON** ST **WA** ZIP **982238790**CDL  RESTRICTIONS  ENDORSEMENTS DRIVER'S LICENSE # **EDWARJR111MB** STATE **WA** SEX **M** D.O.B. **07** - **02** - **1989**ON DUTY ☐ STATUS  AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES LICENSE PLATE # **B53233U** STATE **WA** VIN# **JALE5B16257900286**TRAILER PLATE #  STATE  TRAILER PLATE #  STATE VEH. YEAR **2005** MAKE **ISU** MODEL **BOX** STYLE **TB** VEHICLE TOWED YES ☐ NO ☒ TOWED BY  GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **COHO LLC 20301 59TH PL S KENT WA 98032**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **TRAVELERS 8104E379987**VEHICLE LEGALITY STANDING YES ☐ NO ☒ CITATION #  CHARGE 

SHADE IN DAMAGED AREA

UNIT #  MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE LAST NAME  FIRST NAME  MIDDLE INITIAL STREET NEW ADDRESS ☐ CITY  ST  ZIP CDL  RESTRICTIONS  ENDORSEMENTS DRIVER'S LICENSE #  STATE  SEX  D.O.B.  -  - ON DUTY ☐ STATUS  AIRBAG  RESTR.  EJECT  HELMET USE  INJURY CLASS  NATURE OF INJURIES LICENSE PLATE #  STATE  VIN# TRAILER PLATE #  STATE  TRAILER PLATE #  STATE VEH. YEAR  MAKE  MODEL  STYLE  VEHICLE TOWED YES ☐ NO ☐ TOWED BY  GOVT. VEHICLE YES ☐ NO ☐REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # VEHICLE LEGALITY STANDING YES ☐ NO ☐ CITATION #  CHARGE 

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**W. AUKERMAN****07-29-16 09:06 AM**INVESTIGATING OFFICER'S SIGNATURE  UNIT OR DIST DET DATED:  PLACE SIGNED BADGE OR ID # **0072** ORI # **WA0311900** APPROVED BY **AUKERMAN** DATE **7/29/2016** PAGE **3** OF **4**

REPORT NO. E568014

CASE # 2016-00014699

DATE AND TIME  
OF COLLISION 07/28/16 11:16

RED LIGHT STOP INTERSECTION OF MARKET PLACE AND LUNDEEN PARKWAY

